



Eligibility Fraud Investigations Liaison (TennCare Program Coordinator)

TENNCARE OVERVIEW

TennCare is Tennessee's managed care Medicaid program that provides health insurance coverage to certain groups of low-income individuals such as pregnant women, children, caretaker relatives of young children, older adults, and adults with physical disabilities. TennCare provides coverage for approximately 1.3 million Tennesseans and operates with an annual budget of approximately \$12 billion. It is run by the Division of TennCare with oversight and some funding from the Centers for Medicare and Medicaid Services (CMS).

WHY WORK AT TENNCARE?

TennCare's mission is to improve the lives of Tennesseans by providing high-quality cost-effective care. To fulfill that purpose, we equip each employee for active participation and empower teams to communicate and work collaboratively to improve organizational processes in order to make a difference in the lives of our members. Because of the positive impact TennCare has on the lives of the most vulnerable Tennesseans, TennCare employees report that their work provides them with a sense of meaning, purpose, and accomplishment. TennCare leadership understands that employees are our most valuable resource and ensures professional and leadership development are a priority for the agency.

JOB AND DEPARTMENTAL OVERVIEW

This position will work in the Audit and Quality Control Department of the Compliance and Policy Group of Member Services and will report directly to the Eligibility Quality Administrator. This position will be responsible for serving as the primary liaison to internal and external stakeholders, including the Office of the Inspector General, in regard to member and applicant fraud inquiries. The position will be responsible for determining whether applicant fraud or member fraud has occurred and determining the relevant actions in the Tennessee Eligibility Determination System (TEDS) relating to continued eligibility. This position requires the ability to provide accurate and concise responses to fraud inquiries from all internal and external stakeholders. In addition, the position will be expected to proactively develop business process improvements and systems improvements relating to fraud investigations within Member Services. The position will be functionally separate from the group responsible for processing Medicaid applications to ensure objectivity.

RESPONSIBILITIES

- Supervise a small team of Managed Care Specialists
- Serve as point of contact for all internal and external stakeholders inquiring about potential applicant fraud or member fraud
- Review and analyze caseworkers' actions taken in TEDS to determine accuracy and compliance.

- Review and analyze business processes, system functionality, and eligibility documentation to ensure compliance with regulatory authority and internal requirements
- Remain current on all Medicaid eligibility policy updates and TEDS design materials
- Provide regular updates to supervisor about trends in fraud
- Design and oversee system improvements and business improvements relating to fraud detection and fraud investigation

QUALIFICATIONS

- Bachelor's degree
- Outstanding verbal and written communication skills
- Strong understanding of Medicaid policy
- Ability to foster and maintain cohesive working relationships
- Ability to adapt to changing priorities and deadlines
- Ability to exercise sound judgment
- Experience with establishing and modifying internal business processes
- Experience with the Software Development Lifecycle (SDLC)
- Poise and diplomacy when dealing with all internal and external stakeholders, regardless of rank
- Strong organizational skills, including the ability to prioritize, multi-task and manage workload to meet specific timeframes and deadlines
- Proficiency in Microsoft Office programs, including Access and Excel
- Previous exposure to database queries and/or database development or ability to learn

Job Location: Nashville, Tennessee; Tele-work options are available in accordance with the guidelines of the state's Alternative Workplace Solutions program.

How to Apply: Qualified candidates should send their resumes along with a cover letter and to MemberServices.Jobs@tn.gov by **November 13th, 2019**. Applicants must include "Eligibility Fraud Investigations Liaison-TennCare Program Coordinator" in the subject line of the e-mail.

Position Status: Executive Service

Pursuant to the State of Tennessee's Workplace Discrimination and Harassment policy, the State is firmly committed to the principle of fair and equal employment opportunities for its citizens and strives to protect the rights and opportunities of all people to seek, obtain, and hold employment without being subjected to illegal discrimination and harassment in the workplace. It is the State's policy to provide an environment free of discrimination and harassment of an individual because of that person's race, color, national origin, age (40 and over), sex, pregnancy, religion, creed, disability, veteran's status or any other category protected by state and/or federal civil rights laws.